

208 CONSISTENCY REVIEW FORM

The consistency review form is used to determine consistency with a regional 208 plan for an existing facility expansion, a new wastewater facility, Point Source Discharges and some General Aquifer Protection Permits.

Instructions: If any of the conditions below apply to your project, please complete the form at <http://azdeq.gov/node/458> and submit to the 208 program. **Along with this completed application, the applicant MUST submit a map with the information noted in Part B, item 4 below. Failure to include the map will result in the application being considered incomplete.** Email application to Vogan.Edwina@azdeq.gov, or call (602) 771-4606 for further information.

Part A. Please mark the applicable box(es). If none of the conditions below applies, do not complete this form.

<input type="checkbox"/>	A new domestic (publicly or privately owned) Wastewater Treatment Plant (WWTP)
<input type="checkbox"/>	An existing domestic (publicly owned or privately owned) WWTP that is adding an AZPDES discharge outfall or changing the location of a previously approved AZPDES discharge outfall
<input type="checkbox"/>	More than a 10% increase in permitted design flow
<input type="checkbox"/>	Expansion of the facility service area
<input type="checkbox"/>	Change of ownership of a domestic (publicly or privately owned) WWTP (Pima County only)
<input type="checkbox"/>	Sewage generated by an on-site wastewater treatment facility 3,000 – 24,000 gpd.

*** If any of the above box(es) are checked, please complete the remainder of this form.**

Part B. Facility Information		Please fill in the blanks below.								
1. Facility Information	Facility Name							Phone		
	Physical Address	City				State		Zip Code		
	Responsible Officer Name							Phone		
	Applicant Name							Phone		
	Applicant Email Address									
2. Permit Type <i>(Refer to Permit)</i>	a. Individual AZPDES	<input type="checkbox"/>	New	<input type="checkbox"/>	Existing	Permit #:				
	b. If AZPDES, give name of surface water receiving the discharge	Current surface water discharged to:								
		If applicable, future surface water discharged to:								
	c. General APP	<input type="checkbox"/>	New	<input type="checkbox"/>	Existing	Permit #:				
	d. Individual APP	<input type="checkbox"/>	New	<input type="checkbox"/>	Existing	Permit #:				
3. Facility Location	AZPDES Location	County:			Township:		Range:		Section:	
	APP Location	County:			Township:		Range:		Section:	
	Decimal Degrees	Latitude:					Longitude:			

4. Submit Map, Include a-d mark where applicable			
a. Facility/site location		b. Discharge location(s)	
c. Other disposal options		d. Service area (for expansion include current and future area) Provide in digital format, if possible.	
5. Describe the application action(s) checked in Part A. above.	a. New WWTP facility		
	b. New outfall or change in outfall location		
	c. Capacity expansion (million gallons per day (MGD))		
	d. Expansion of service area		
	e. Change in WWTP ownership (Pima County only)		
	f. Sewage generated by an on-site wastewater treatment facility 3-24,000 gpd		
6. Facility Information	a. Treatment process:	Existing:	
		Future:	
	b. Design Flow Rate: (maximum daily flow)	Existing: Permitted Design Flow	
		Future: Proposed Capacity based on annual daily flow	
	c. Effluent disposal method:	Existing:	
		Future:	
7. What type of entity will operate the facility?	a. Municipal/public utility	Name:	
	b. Private utility	Name:	
	c. Semi-public (sanitary district, improvement district)	Name:	
	d. Other (explain type)	Name:	
8. Is a 208 Amendment Required?		Yes	
		No	

Part C. Application Submittal by Applicant or Permit Writer

Applicant Signature:		Print Name:		Date:	
Permit Writer Signature:		Print Name:		Date:	

Based on Section 208 of the Federal Water Pollution Control Act, Arizona Administrative Code R18-9-108(B) (10), and/or the Certified Area WQMP, this request for 208 Conformance Review has been completed.

Part D. Consistency Review Signatures

ADEQ Reviewed By:		Print Name:		Date:	
ADEQ Manager Signature:		Print Name:		Date:	
DMA Signature:		Print Name:		Date:	
DPA Signature:		Print Name:		Date:	

Please note that Permits will not be issued solely on the basis of a review. However, this review is based on the facility applying for, and receiving, the appropriate permits to start and maintain operation under compliance with federal and state regulations.